



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

January 27, 2015

Mr. Joseph Labule, Administrator
Second Family, Inc
337 Brightseat Road Suite 111
Landover, MD 20785

PROVIDER #0239

**RE: ACCEPTANCE OF ALLEGATION OF
COMPLIANCE**

Dear Mr. Labule:

On December 10, 2014, a survey was completed at your facility. You have alleged that the deficiencies cited during that survey have been corrected. We are accepting your plan of correction including the date by which the deficiencies will be corrected as well as the additional evidence you have submitted to ensure that the deficiencies do not recur, and conclude that you have achieved substantial compliance as of March 30, 2015.

Based on your acceptable plan of correction and your allegation of compliance, we are considering your facility in compliance with the COMAR 10.22 regulations.

If you have any questions, please call me at 410-402-8201.

Sincerely,

Vanessa Leuthold
Acting Administrator IV
Long Term Care
Office of Health Care Quality

cc: License File II



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55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Laura Herrera Scott, MD, MPH, Acting Secretary

January 13, 2015

Mr. Joseph Labule, Director
Second Family, Inc
337 Brightseat Road Suite 111
Landover, MD 20785

PROVIDER # DD0239

RE: NOTICE OF CURRENT DEFICIENCIES

Dear Mr. Labule:

On December 10, 2014, an investigation survey was conducted of your residential program by the Office of Health Care Quality to determine if your agency was in compliance with requirements found in the Code of Maryland Regulations (COMAR) 10.22. This survey found that your agency was not in compliance with the requirements.

All references to regulatory requirements contained in this letter are found in COMAR Title 10, and the State Government Article.

I. PLAN OF CORRECTION (POC)

A POC for the deficiencies must be submitted within 10 working days, December 20, 2014 after the program receives its Statement of Deficiencies, State Form 2567. Your POC must address all deficiencies. When appropriate, cross-referenced deficiencies may be addressed concomitantly.

Failure to submit an acceptable POC within the above time frame may result in the imposition of an intermediate sanction. Should you require an extension of your submission date, please contact your Health Facility Survey Coordinator *prior* to the due date of the POC.

Your POC must contain the following:

- What corrective action will be accomplished for those individuals found to have been

affected by the deficient practice;

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;
- Specific date when the corrective action has been/will be completed.
- References to an individual(s) by Individual # only as noted in the Individual Roster. This applies to the POC as well as any attachments to the POC. It is un-acceptable to include an individual(s) name in these documents since the documents are released to the public.

II. ALLEGATION OF COMPLIANCE

If you believe that the deficiencies identified in the State Form 2567 have been corrected, you may contact me at the Office of Health Care Quality, Spring Grove Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, Maryland 21228 with your written credible allegation of compliance (i.e. **attached lists of attendance at provided training and/or revised statements of policies/procedures and/or staffing patterns with revisions or additions**).

If you choose and so indicate, the POC may constitute your allegation of compliance. We may accept the written allegation of compliance **and credible evidence** of your allegation of compliance until substantiated by a revisit or other means.

If, upon the subsequent revisit, your program has not achieved compliance, we may recommend the imposition of sanctions which will continue until compliance is achieved.

III. INFORMAL DISPUTE RESOLUTION

You have one opportunity to question cited deficiencies through an informal dispute resolution process. Unless OHCQ has initiated sanctions and there is a right to a formal administrative appeal, the IDR is the sole means of questioning deficiencies. At the discretion of OHCQ, the IDR may be held in-person, over the telephone, or in writing. To be given such an opportunity, you are required to send your written request, along with the specific deficiency(ies) being disputed, and an explanation of why you are disputing those deficiencies with supporting documentation, to Ms. Margie Heald, Deputy Director, Office of Health Care Quality, Bland Bryant Building, Spring Grove Center, 55 Wade Avenue, Catonsville, Maryland 21228. This request must be sent during the same 10 days you have for submitting a POC for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any sanction action. Informal dispute resolutions are informal in nature and

Mr. Joseph Labule, Director
Second Family, Inc
January 13, 2015

are not attended by counsel.

If you have any questions concerning the instructions contained in this letter, please contact me at 410-402-8104 or fax 410-402-8234.

Sincerely,

A handwritten signature in black ink, appearing to read "Vanessa Leuthold".

Vanessa Leuthold
Acting Administrator IV
Developmental Disabilities Unit

Enclosures: State Form

cc: File II
Southern Region, DDA

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: DD0239	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/10/2014
NAME OF PROVIDER OR SUPPLIER SECOND FAMILY, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments On December 10, 2014, a site visit was conducted at the residence in regard to the allegations of the reportable incident MD00087926. Survey activities included review the individual's records and interview with the residential staff pertaining to the reportable incidents. Based on direct observation, interviews with staff and reviews of the individuals' records, it was determined that the allegation of choking was substantiated. A secondary allegation of neglect was also substantiated. For the investigation MD00087926; the Agency was found to be non-compliant with COMAR 10.22.	L 000		
L 171 SS=C	10.22.02.03D2 Inv by Admin-Protocol: PORI-OHCQ investigate .03 Investigation by the Administration D. Protocol to Determine Necessity to Investigate. (2) The licensee shall report incidents in accordance with the requirements and timelines outlined in the Developmental Disabilities Administration, Policy on Reportable Incidents and Investigations. This Regulation is not met as evidenced by: [Site # DL6734 Service GH Individual # 8346] An administrative investigation was conducted by OHCQ DD Triage Specialist RN on December 3-5, 2014. As of December 5, 2014 at 9 am, no documentation requested by OHCQ triage had	L 171		

OHCQ
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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L 171	<p>Continued From page 1</p> <p>been submitted by the agency. Furthermore, no choking incident had been entered into PCIS other than the internal incident. A follow up e-mail was sent to the agency QA Specialist at the agency on December 3, 2014 which reads:</p> <p>"Per the OHCQ Triage documentation, two choking incidents had been reported internally in PCIS. According to PORII, if the choking incident occurs as a result of failure to chop food as required by a person's documented dietary plan, the incident then becomes a reportable incident. The August 3, 2014 incident was required to be entered as a reportable incident into PCIS although it did not occur at licensed site or by the agency staff.</p> <p>OHCQ requested the choking incident of 10-8-14 to be faxed to DD Triage; However, as of December 5, 2014 at 9 am, this documentation had not been received by the OHCQ Triage nor had it been entered into PCIS for the choking incidents, with exception to reporting the incidents as an internally reportable.</p> <p>Consequently, it was substantiated that the agency's failed to follow the established PORII protocol to report the choking incidents as required. Choking incidents reportable as a Life threatening event.</p> <p>On review of the records, it was also found that the agency had called Emergency Medical Services 911 due to the nature of these emergent events.</p> <p>Subsequently, it was substantiated that the agency failed to report the choking incidents as per the mandatory Protocol established by PORII which in turn requires notifying OHCQ and other</p>	L 171			

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L 171	Continued From page 2 appropriate authorities.	L 171			
L 372 SS=L	10.22.02.10A7 P&P-dev&adopt: comply with PORI .10 Policies and Procedures. A. A licensee shall develop and adopt written policies and procedures for ensuring: (7) That all incidents, including those involving life-threatening conditions, are reported and investigated in accordance with the Administration's procedures on reportable incidents; This Regulation is not met as evidenced by: PORII compliance On 12/11/2014, the OHCQ investigator requested training certificates for employees having completed the DDA's training on PORII. The agency was unable to provide any certificates of completion. On 12/11/14, the OHCQ investigator requested a copy of the agency's Policy and Procedure to meet the requirements of PORII. On 12/12/14, the investigator received an emailed document from the QA Specialist of the agency. The document encompassed the agency's Policy #9.2 - 9.5. effective September 1, 2008. A review of the agency's Policy #9.2-9.5 revealed a failure to ensure compliance with all requirements of PORII effective January 15, 2013.	L 372			
L 530 SS=C	10.22.02.11.C1 Staff Req-Dev-Train Indep Dut; Adeq Training	L 530			

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NAME OF PROVIDER OR SUPPLIER

SECOND FAMILY, INC

STREET ADDRESS, CITY, STATE, ZIP CODE

337 BRIGHTSEAT ROAD SUITE 111

LANDOVER, MD 20785

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L 530	<p>Continued From page 3</p> <p>.11 Staffing Requirements.</p> <p>C. The licensee shall develop and implement staff and care provider training and ensure through appropriate documentation that, before being assigned independent duties.</p> <p>(1) All staff and care providers receive adequate training to perform their assigned duties;</p> <p>This Regulation is not met as evidenced by: [Site # DL6734 Service GH Individual # 8346]</p> <p>Based on review of the individual's records and the nursing care plan found in the individual's health care records at the residential site; there were multiple variations in the dietary order for individual #8346. It could not be established on review of the individual's records and the supporting staff training records that staff received appropriate training or instruction to modify the individual's diet as recommended by various health care providers. And, the nursing care plan failed to indicate recommended changes of the specified dietary modifications as they occurred.</p> <p>Additionally although the nursing care plan was signed by the nursing support staff, there was insufficient documentation to verify adequate training had occurred to address the ongoing recommended dietary modifications as they occurred.</p> <p>Agency Incident report documentation:</p> <p>On review of the incident report, dated</p>	L 530		

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L 530	<p>Continued From page 4</p> <p>10/08/2014 5:15 pm, it was documented that the individual was eating a sandwich with hamburger meat cut into bites, monitored by the staff and was choking.</p> <p>This Individual was identified to have been on a mechanical soft diet on the date this incident occurred. The individual was reportedly monitored during the mealtime activity. However, the individual was served a sandwich with hamburger meat. The Nursing Care Plan (NCP) documents the individual's food was to be cut into small pieces.</p> <p>Nursing Care Plan Documentation:</p> <p>The Nursing Care Plan faxed to OHCQ on December 5, 2014 documents food is to be cut into small pieces. This information is subjective and does not specify the sizeable food portion the individual may ingest with each bite. On review of the Nursing Care Plan, dated 05/15/2014, it is documented in item #7 that individual #8346 is to receive a mechanical soft diet 40 to 45 carbs each meal.</p> <p>NCP Item 8.) documents: follow the nutritionist diet and do not offer the individual a burger. The staff's signature is annotated on the review portion of the NCP. Consequently, it was determined that the staff failed to comply with the NCP as required. This finding substantiates neglect.</p> <p>During the site visit on December 10, 2014, the Nursing Care Plan, dated 10/10/14, was reviewed and a copy was submitted to the the OHCQ investigator. This document was found to have a hand-written statement for a Soft mechanical diet. The (Staff review) portion of the</p>	L 530		

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L 530	<p>Continued From page 5</p> <p>NCP was signed by the staff responsible for monitoring the individual during the 10/08/2014 incident.</p> <p>On review of the documentation observed during the on site visit there was additional documentation dated 11/26/2014. However, there is not signature or initials to indicate the source of the hand written documentation on the nursing care plan.</p> <p>It could not be verified when the documented hand-written alteration on the NCP had occurred. It could also not be substantiated that any additional staff training had occurred in response to the documented modification documented on the NCP.</p> <p>90 Day reviews:</p> <p>The individual's 90 Day review for 8/5/2014 documents the individual was on a "chopped diet" due to choking risk and that liquids were to be thickened.</p> <p>The 10/22/2014 90 day review reflects the individual's diet was changed to a mechanical soft diet and that liquids were to be thickened; (the specific consistency of the liquids was not specified in this documentation).</p> <p>The NCP, dated 10/10/2014, does not document the dietary change, as indicated on the 90 day review dated 11/22/2014, as the objective being reviewed on the NCP until 11/26/2014.</p> <p>John's Hopkins' Hospital (JHH) follow up visit - Choking 10/27/2014 documents:</p> <p>The JHH visit, dated 10/27/2014, documents -</p>	L 530		

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L 530	<p>Continued From page 6</p> <p>Follow up for Choking documents; have results of swallow study faxed to office for review. -Should stay on "puree diet with nectar thick liquid (no chopped hamburger)" until results of swallow study reviewed. This finding was not consistent with prior dietary recommendations.</p> <p>Swallowing Test 11/26/2014 recommendation:</p> <p>This document reads in part; Recommend single sips of thin liquid. If coughing nectar liquids are offered. Continue mechanical soft diet with monitoring "bite size and offering more only when oral cavity is cleared".</p> <p>Although the dietary measures were reported to have been followed; The Nursing Care Plan (NCP) was revised and dated 10/10/2014 documents; cut food in 'small' pieces. There were multiple variations and recommendations by the various Health care consultants. On review, it could not be substantiated that the specific variations and recommendations by the various Health Care Practitioners had been followed.</p> <p>Consequently, it could not be substantiated that these recommendations resulted in proper staff training in accordance with the nursing care plan whereas, the individual's diet was modified in accordance the various HCP's specified recommendations.</p> <p>It was substantiated on review of the documentation submitted for this investigation, that the nursing staff provided the individual with food (hamburger). This was identified as a restricted food item on the NCP due to a prior incident. This finding substantiates neglect.</p>	L 530			

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L 530	Continued From page 7 Cross reference to Tag St-L-1105 & St-L-1140	L 530			
L1105 SS=C	<p>10.22.04.02.A1 Values-Values in IP; Wel Being; Health care ser</p> <p>.02 Values to be Considered in the Development of the IP.</p> <p>A. Personal well-being, which includes:</p> <p>(1) Receiving health care services that respond to the individual's needs and are consistent with those of the general population;</p> <p>This Regulation is not met as evidenced by: [Site # DL6734 Service GH Individual # 8346]</p> <p>Based on review of the individual's records and reports, it was substantiated that individual #8346 had two choking incidents, one of which resulted in an emergency response, emergent care and transfer to the hospital. These types of incidents are considered Life Threatening and are required by PORII to be reported to OHCQ and other relevant authorities. Based upon review of the individual's records and reports there were multiple variations in the Dietary orders for individual #8346.</p> <p>Upon review of the incident report, dated 10/08/2014, it was documented that the individual was being monitored by an LPN for the evening meal when the individual choked on a piece of hamburger meat that was cut up into bites. It was reported that the individual had been served a sandwich with hamburger meat that was cut up into "small" pieces. This food (hamburger) was to</p>	L1105			

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L1105	<p>Continued From page 8</p> <p>be restricted per documentation found on the nursing care plan. The individual's 90 Day review for 8/5/2014 documents that she was on a chopped diet due to the individual's choking risk and that liquids were to be thickened.</p> <p>The Nursing Care Plan faxed to OHCQ on December 5, 2014 documents food is to be cut into small pieces. This information is subjective and does not indicate the specific portioned size of food the individual may ingest with each bite. On review of the Nursing Care Plan dated 05/15/2014 it is documented in item #7 that individual #8346 is to receive a mechanical soft diet 40 to 45 carbs each meal. Additionally, it identifies that hamburger is a restricted food for the individual.</p> <p>The were multiple variations in recommendations by various Health care consultants regarding the individual's diet and fluid consistency. On review, it could not be substantiated that the specific variations and recommendations by the various Health Care Practitioners had been followed. The nursing care plan failed to demonstrate the ongoing recommended dietary consistency changes as indicated by the various HCP's. Additionally, the NCP does document related subsequent staff training to address the documented ongoing changes as recommended by the various health care practitioners.</p> <p>Consequently, it could not be substantiated that these recommendations resulted in proper staff training in accordance with the nursing care plan whereas, the individual's diet was modified in accordance the various HCP's specified recommendations. It was substantiated on review of the documentation submitted for review that</p>	L1105		

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L1105	Continued From page 9 the nursing staff provided the individual with food that was not consistent with the NCP. This finding substantiates neglect. Cross reference to Tag St-L-0530 & St-L-1140	L1105		
L1140 SS=C	10.22.04.02.B3 Values-Values in IP;Ind rights;free of neglic .02 Values to be Considered in the Development of the IP. B. Individual rights, which include: (3) Being free from abuse, neglect, and mistreatment; This Regulation is not met as evidenced by: [Site #]DL6734 Service[GH Individual #]8346] Based on review of the individual's records and the nursing care plan found in the individual's health care records it was determined that the individual was served food that is inconsistet with her prescribed diet and nursing care plan. It was also found that the nursing care plan failed to indicate the specific changes in the individual's dietary recommendations as they occurred. Although the nursing care plan was signed by the nursing support staff, there was insufficient documentation to verify adequate training had occurred as indicated by the ongoing recommendations for dietary changes as they occurred. It could not be substantiated that the recommendations by consulting Health Care	L1140		

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L1140	Continued From page 10 Practitioners resulted in revisions of the nursing care plan and subsequent training whereas, the individual's diet was modified in accordance the various HCP's dietary recommendations. It was substantiated by documentation submitted for this investigation that the nursing staff provided the individual with food that was to be excluded as per the direction of the NCP. This finding substantiates neglect. Failure to document and implement staff training in light of the professional health care providers recommendations also substantiates neglect. Cross reference to Tag St-L-1105 & St-L-1140	L1140		
Y4790 SS=B	14.31.06.17C3c Adm/ISP/BP/Dc: ISP: Doc Progress .17 Admission, Individual Service Plan, Behavior Plan, and Discharge. C. Individual Service Plan. The licensee shall: (3) Assure that the individual service plan is: (c) Provides documentation of progress toward achievement of goals and estimated length of stay. This Regulation is not met as evidenced by: [Site #]DL6734 Service[GH Individual #]8346 On 12/10/14, a site review of the ISP records for Individual #8346 and discussion with Day Charge Nurse noted that staff had failed to document any December 2014 ISP goal data to date for Individual #8346's ISP goal: "Individual #8346 will participate in daily ADL's when prompted with	Y4790		

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Y4790	Continued From page 11 staff assistance as needed."	Y4790		



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337 Brightseat Road Suite 111 Landover, Maryland 20785
Phone: (301) 925-9271 Fax: (301) 925-6269

Non-profit Organization Serving Children With Exceptional Medical Needs and Their Families

January 26, 2015

Maryland Department of Health and Mental Hygiene
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663

PROVIDER # DD0239
RE: NOTICE OF CURRENT DEFICIENCIES
PLAN OF CORRECTION (POC)

Deficiency #: L171

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Each individual will be given a feeding protocol and in-service training will be done to the staff. Nursing care plan will be developed and implementing by RN on feeding protocol and choking precautions. All choking incidents will be reported to DDA within 24 hours.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

Individuals will be identified by their IP and their Nursing Care plans. Every individual will have a choking protocol and Swallowing evaluation. Nursing care plan will be developed based on their Swallowing evaluation.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

Each nurse on each shift will review feeding protocol and nursing care plan and sign off. Nurse will implement feeding protocol for each meal. RN will develop, monitor and evaluate each nurse's implementation.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will monitor, evaluate, and document monthly that nursing feeding protocols and nursing care plans are in place. Each staff will attend a feeding Dysphagia class annually.

- Specific date when the corrective action has been/will be completed.

Corrective action will be completed by March 30, 2015.

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Deficiency #: L372

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

All Quality Assurance and Administrative staff was trained by DDA on PORII on January 10, 2013. A Sign-in sheet was provided, no certificates issued by DDA, Continued compliance to training upon DDA office availability of their trainings.

Deficiency #: L530

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

In accordance to Individual #8346, we are going to be updating and reviewing nursing protocol according to swallowing evaluation. All nursing care plans are being updated by RN. All nurses and staff will be in-serviced in training.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

All individuals are currently being scheduled to have a swallowing evaluation done. Care plans and feeding evaluations will be implemented as indicated by their physicians.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

We will in service train and document on admission and with each IEP done quarterly.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will evaluate, and check monthly on implementation of the Nursing Care Plan.

- Specific date when the corrective action has been/will be completed.

Corrective action will be completed by March 30, 2015.



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Deficiency #: L1105

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Previous RN no longer works for company. Caring RN will update nursing care plan after evaluation performed November 26, 2014. Effective December 1, 2014, RN has redone Care plans as of diagnoses on November 26, 2014 swallowing evaluation, stating mechanical soft diet and thin liquids.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

All individuals are currently being scheduled to have a swallowing evaluation done. Care plans and feeding evaluations will be implemented as indicated by their physicians.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

We will in service train and document on admission and with each IEP done quarterly.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will evaluate, and check monthly on implementation of the Nursing Care Plan.

- Specific date when the corrective action has been/will be completed.

Corrective action will be completed by March 30, 2015.



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Deficiency #: L1440

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Each health visit form will be reviewed and evaluated by RN delegating Nurse, she will instruct and teach on any changes on plan of care for each individual.

- How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

All individuals will be identified by their diagnoses and all health care recommendations will be implemented thru their nursing care plans and changes made.

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

RN will review health visit form, develop nursing care plan, instruct and teach the staff and perform evaluation initially upon admission with each 45 day review. Any dietary recommendations will be noted and changed as occurred. Staff will be in serviced and training will be documented.

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Quality Assurance will monitor monthly, evaluate on the feeding protocol, nursing care plan and in-service training that was completed. Quality Assurance will document all findings and report findings to program administrator.

- Specific date when the corrective action has been/will be completed.

Corrective action will be completed by March 30, 2015.

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Deficiency #: Y4790

- What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Individual #8346

RN and Social worker will collaborate to implement that goals are met. In-service staff on documenting goals, and participation in daily ADLs when prompted with staff assistance as needed, will Document on IP data sheet. Quality assurance will evaluate monthly on Quality assurance form when IP goals are met. RN and Social worker will collaborate to implement that goals are met.

Shilda Frost, RN President